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PTO/SB/97 (09-04)

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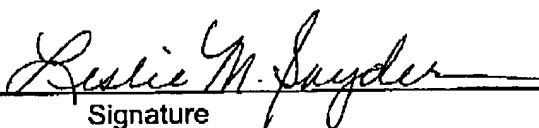
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NA  
Registration Number, if applicable302-892-7903  
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09/485559

FL1049USPCT

Petition for Revival of an Application for Patent Abandoned Unintentionally

Fee Transmittal

Request for Continued Examination

Amendment

Page \_\_\_\_ of \_\_\_\_

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PTO/SB/h7 (12-04v2)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/485559
		Filing Date	August 12, 1998
		First Named Inventor	Sara W. Boehmer Et. Al.
		Examiner Name	V. Manoharan
		Art Unit	1764
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	FL1049USPCT
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>		<b>1,500.00</b>	

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**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

**2. EXCESS CLAIM FEES****Fee Description**

- Each claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)  
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	200.00	
HP = highest number of independent claims paid for, if greater than 3.			

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
YES <input type="checkbox"/> 360.00	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	250.00	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Revival

**Fees Paid (\$)****1,500.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	43,771	Telephone	302-892-5529
Name (Print/Type)	Daniel M. Maloney	Date	2/10/06		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1,500.00****Complete if Known**

Application Number **09/485559**  
 Filing Date **August 12, 1998**  
 First Named Inventor **Sara W. Boehmer Et. Al.**  
 Examiner Name **V. Manoharan**  
 Art Unit **1764**  
 Attorney Docket No. **FL1048USPCT**

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- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 200	<input type="checkbox"/> 100	0.00
Design	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 130	<input type="checkbox"/> 65	0.00
Plant	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 160	<input type="checkbox"/> 80	0.00
Reissue	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 600	<input type="checkbox"/> 300	0.00
Provisional	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	0.00

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Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

20 or HP = \_\_\_\_\_ x **50.00** = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

3 or HP = \_\_\_\_\_ x **200.00** = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
 YES ☐ **360.00**

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**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

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**Fees Paid (\$)****1,500.00****SUBMITTED BY**

Signature   
 Name (Print/Type) **Daniel M. Maloney**

Registration No. **43,771**  
 (Attorney/Agent)

Telephone **302-892-5529**

Date **2/10/06**

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